



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 15 AM 8:48

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Olga's Deep Tissue, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

1889 N. Wildwood St. Boise, ID 83713

(Street Address)

6089 N. Wellspring Way Boise, ID 83713

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Sara Elaine Simpson

(Name)

6089 N. Wellspring Way, Boise, ID 83713

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Sara Elaine Simpson

6089 N. Wellspring Way, Boise, ID 83713

5. Mailing address for future correspondence (annual report notices):

6089 N. Wellspring Way, Boise, ID 83713

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Sara Simpson

Typed Name: Sara Simpson

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
11/15/2010 05:00
CK: 548815 CT: 172099 BH: 1247107
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